

option for an insurer on the exchange. The pain individuals and families are feeling across the country is palpable. They have watched their bills skyrocket and their options disappear. ObamaCare has made a mess all across our country.

Again and again, Kentuckians have called for relief from this partisan law. Republicans have heard their call, and we have adopted a three-pronged approach to stabilize the healthcare market and help it grow into the future.

The first prong is the legislation currently being considered by committees over in the House. Yesterday, the Congressional Budget Office underlined some important things we have been saying about the House bill. It will ultimately drive down premiums by 10 percent, in their estimation. It will provide further relief to the middle class by cutting taxes—a tax cut of \$883 billion. It will also reduce the deficit by \$337 billion, according to CBO.

That is only considering one part of our three-pronged approach. It does not take into account the other actions Congress, the Governors, or the executive branch can take to further provide relief, lower costs, and improve access. Obviously that means the CBO's statistics, on average, are premature and may not represent the final number of Americans covered under the plan.

Last night, we confirmed Seema Verma to head the Centers for Medicare and Medicaid Services, known as CMS. In that role, Administrator Verma has very broad authority to regulate how ObamaCare interacts with the Medicaid Program.

ObamaCare spent years raiding Medicare funds and putting Medicaid on an unsustainable path. Now she has the ability to work with States on much needed reforms.

The Secretary of Health and Human Services, Dr. Tom Price, just met with Senate Republicans to discuss what he is doing to lessen the burdens of ObamaCare on the American people.

ObamaCare gave significant regulatory flexibility to the Health and Human Services Secretary, as well as the CMS Administrator. Secretary Price and Administrator Verma now have the ability to make serious policy shifts to benefit the American people.

With the three-pronged strategy, we can begin to put the troubles of ObamaCare behind us. We can work together to make the health care marketplace more accessible and affordable.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

DISAPPROVING A RULE SUBMITTED BY THE DEPARTMENT OF LABOR

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.J. Res. 42, which the clerk will report.

The senior assistant legislative clerk read as follows:

A joint resolution (H.J. Res. 42) disapproving the rule submitted by the Department of Labor relating to drug testing of unemployment compensation applicants.

Mr. McCONNELL. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. DURBIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

TRUMP CARE

Mr. DURBIN. Mr. President, last week congressional Republicans finally unveiled their proposal to replace the Affordable Care Act. The Affordable Care Act is a law passed by Congress a little over 6 years ago with the express goal of expanding the number of Americans with the protection of health insurance. It has been successful. We have the lowest percentage of uninsured Americans in history. What it means is that through offering Medicaid to those in low-income categories, offering help to pay premiums for those in middle-income categories, and offering choices in the insurance exchange, we have really changed health insurance in America in 6 years.

Now Americans realize that when they take a look at their actual health insurance policy, it is worth something. It may be hard to remember—but we should—that only 6 years ago, if you happened to have a child with a preexisting condition and you were not lucky enough to have your insurance through your employer and you went out on the open market, you were in for a rough ride. Many health insurance companies would not insure a family with a child who had a history of diabetes or surviving cancer. We changed that. We said that no health insurance company in America can discriminate against a person or family because of a preexisting medical condition. Is there one of us who lives in a family which doesn't have a relative, a close relative, with a preexisting condition? That was an important reform that was part of the Affordable Care Act, ObamaCare.

We also came to realize they were selling health insurance to people with some fine print that made a difference—lifetime limits on coverage. Well, I have \$1 million coverage. That sounds great, until the next diagnosis or the next accident. Now, \$1 million doesn't seem like such a large amount of money, and God forbid you end up with a chronic illness.

One of my constituents came by to visit me 2 weeks ago. She was a guest of one of the Members of Congress during the President's speech to the joint session. She was diagnosed a few years ago with an unusual disease, one that is life-threatening at any given moment. She told me that in the past 3 years, she has spent more than \$700,000 on medication—\$700,000—and that will be a burden she faces for the rest of her life.

If her health insurance had a limit on how much it paid, there would reach a point where she couldn't buy the medicine she needs to save her life. We did away with that, and we said: You can't discriminate against people by putting these limits. We also said: When it comes to charging premiums, you can't discriminate against a person applying for health insurance solely because they happen to be a woman.

There has been a lot of controversy over that in the House in their debate over the last week or so, but what we said basically is that when it comes to insurance risk, put everyone in together, make this a bigger pool of people seeking health insurance so insurance can be profitable and affordable at the same time.

We also said: When it comes to the premiums charged on health insurance—and I call attention to all of us over the age of 50—we said you cannot discriminate in premiums you charge in health insurance. There can't be a disparity of more than 3 to 1 for the most expensive health insurance policy to the least expensive. We also said, in addition to that, if you have a child, son or daughter, graduating college and looking for a job but has no healthcare benefits, keep them on your family plan until they reach the age of 26. I have been through that. Most families have.

I had a recent college graduate, no longer with student health insurance, and I said: Jennifer, do you have health insurance?

Dad, I feel just great.

No father wants to hear that answer. So we changed the law.

When it came to Medicare, under the Affordable Care Act, we said: We are going to eliminate the gap in coverage for prescription drugs for seniors. They used to call it the doughnut hole. It made no sense. It was something only Congress could dream up. We closed it and said: We are going to give seamless coverage to Medicare prescription drugs. That was part of the Affordable Care Act.

We put in incentives for people providing medical care to find ways to give us good quality care and reduce the cost. What was the net result? The slowest growth in hospitalization premiums for employer-based healthcare that we have seen in modern times.

When they put this new model for healthcare against the Medicare Program—that is a program for seniors and disabled—guess what. It bought 10 years of solvency for Medicare. That